518 151321 22

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY		
FO	R		MBER FILED NUMB		XTRA	RATE	FEE		RATE	FEE	
BA	SIC FEE						380.00	OR	4.5	760.00	
TOTAL CLAIMS $20 = \frac{1}{2}$				= * 4		X\$ 9=		OR	X\$18=	72	
IND	EPENDENT CL	AIMS (minus 3	= * 3		X39=		OR	X78=	234	
MU	LTIPLE DEPEN	DENT CLAIM PR	ESENT	+130=		OR	+260=	c			
* If	the difference	in column 1 is l	ess than zero	TOTAL		OR	TOTAL	1066			
	C	LAIMS AS A	OTHER THAN SMALL ENTITY OR SMALL ENTITY								
<u> </u>	2.488. x. at 2.5. x. x.	(Column 1) CLAIMS		(Column 2) HIGHEST	(Column 3)		ADDI-			ADDI-	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	TIONAL		RATE	TIONAL FEE	
	Total	* 24	Minus	** 24	=	X\$ 9=		OR	X\$18=		
ME	Independent	* 6	Minus	*** 6	=	X39-		OR	X78=		
-	FIRST PRESE	NTATION OF MU	JLTIPLE DEPI	ENDENT CLAIM	<u> </u>	+130=		OR	+260=		
						TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Column 2)	(Column 3)	ADDIT. I LL					
-		CLAIMS		HIGHEST			ADDI-		The same of the sa	ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT	RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	+24	Minus	** 24	=	X\$ 9=		OR	X\$18=		
	Independent	* 6	Minus	*** 6		X39=		OR	X78=		
H	FIRST PRESE	ENTATION OF M	ULTIPLE DEP	ENDENT CLAIM		+130=		OR	+260=		
						TOTAL ADDIT. FEE	,	OR	TOTAL ADDIT. FEE		
l		(Column 1)		(Column 2)	(Column 3)	,			. '		
NTC		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*24	Minus	¥3 (V		X\$ 9=		OR	X\$18=	page and the second section of the second second	
ME	Independent	* 6	Minus	***	=	X39=		OR	X78=		
L	FIRST PRES	ENTATION OF M	ULTIPLE DEP	ENDENT CLAIM	<u> </u>			1		1	
					-kuma O	+130=		OR	+260=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											
*	f the "Highest N" The "Highest Nu	umber Previously F mber Previously Pa	Paid For" IN THIS nid For" (Total or	S SPACE is less the Independent) is the	an 3, enter "3." e highest numbei	r found in the a	opropriate bo	ox in c	olumn 1.		

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION	NUMBER:					
-	-	Total F	ee Calculat	tion		
	Fee Cade	Total # Claims	Number Extra	X Fee	Fcc =	Total
Basic Filing Fee	Sm./Lg.			Sm. Entity	Lg. Entiry	
Total Claims >20	201/101	24.20	- 4	x	72.	
Independent Claims >3	202/102	_6 .3	<u>: 3</u>	x	234	
Mult, Dep Claim Present Surcharge	204/104				130	•
English Translation	139	·				
TOTAL FEE CALCULA	ATION					
Fees due upon filing t	he application:					
Total Filing Fees Due	= \$	/(76			
Less Filing Fees Subm	niπed - \$					
BALANCE DUE	= \$	11	96			
Office of Initial Patent	lug					
a mos or unual ratent	Examination					